

Complete Summary

TITLE

Pain management in the long-term care setting: percentage of patients with adverse drug reactions (ADRs) to pain medications.

SOURCE(S)

American Medical Directors Association. We care: tool kit for implementation of the clinical practice guideline for pain management [binder]. Columbia (MD): American Medical Directors Association (AMDA); 2004. various p.

Measure Domain

PRIMARY MEASURE DOMAIN

Outcome

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of patients who had adverse drug reactions (ADRs) to pain medications.

RATIONALE

Pain is common in the long-term care setting. Although disorders that can cause chronic pain become more common with increasing age, pain itself is not a normal part of aging. Estimates of the number of nursing home patients who have chronic pain range from 45 to 80 percent. However, pain in the long-term care setting is sometimes under-recognized and undertreated. Treatment of chronic non-cancer pain, especially among those with non-terminal illness, is inconsistent.

Pain in elderly patients often can be reliably detected and effectively treated. Although the recognition and treatment of pain in the long-term care setting present special challenges, a systematic effort is needed to do so.

The long-term care facility should be a favorable setting for effective pain management. Appropriate individuals with the necessary time and skills should be available to perform an adequate evaluation, select pertinent interventions, and evaluate the patient's responses to pain management efforts.

The American Medical Directors Association (AMDA) Pain Management in the Long-term Care Setting clinical practice guideline (CPG) recommends processes that, if followed, will help to ensure that pain among long-term care patients is adequately recognized, assessed, treated, and monitored.

This is one of AMDA's twenty suggested quantitative process or clinical outcomes measures related to using a pain CPG in a long-term care facility. These measures are based on the four components of the AMDA pain management process: Recognition, Assessment, Treatment, and Monitoring.

PRIMARY CLINICAL COMPONENT

Long-term care; pain medication; adverse drug reactions (ADRs)

DENOMINATOR DESCRIPTION

All patients receiving pain medication

NUMERATOR DESCRIPTION

Number of patients with adverse drug reactions (ADRs) related to pain medications

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

NATIONAL GUIDELINE CLEARINGHOUSE LINK

- [Pain management in the long-term care setting.](#)

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Use of this measure to improve performance

EVIDENCE SUPPORTING NEED FOR THE MEASURE

Calabrese B. (Director of Research, Clinical Nurse Manager, AMDA Foundation. Columbia, MD). Personal communication. 2005 Oct 3. 2 p.

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Long-term Care Facilities

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses
Allied Health Personnel
Dietitians
Nurses
Occupational Therapists
Pharmacists
Physical Therapists
Physician Assistants
Physicians
Social Workers

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Unspecified

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

INCIDENCE/PREVALENCE

- An estimated 45 to 80 percent of nursing home patients have some chronic pain.
- One nationwide study on persistent severe pain found that 14.7 percent of the 2.2 million nursing home patients in the United States were in persistent pain. Also, 41.2 percent who reported some pain at a first assessment were in severe pain 60 to 180 days later. This study analyzed Minimum Data Set data representing all nursing home patients in all 50 states, and found that the rate of pain persistence varied considerably by state from 37.7% in Mississippi to 49.5% in Utah.
- Non-cancer pain accounts for 97% of pain complaints in nursing facilities. But, pain is a serious problem for patients with cancer. Among advanced cancer patients, 40% to 50% have moderate to severe pain and 25% to 30% have very severe or excruciating pain. In rating their pain, the majority of patients (69%) say that they are most affected by pain that impairs their functioning.

EVIDENCE FOR INCIDENCE/PREVALENCE

American Medical Directors Association. We care: tool kit for implementation of the clinical practice guideline for pain management [binder]. Columbia (MD): American Medical Directors Association (AMDA); 2004. various p.

ASSOCIATION WITH VULNERABLE POPULATIONS

Pain may be under-recognized in patients with cognitive or sensory impairments or difficulties with language or speech. Pain is frequently undertreated in cognitively impaired patients.

EVIDENCE FOR ASSOCIATION WITH VULNERABLE POPULATIONS

American Medical Directors Association. We care: tool kit for implementation of the clinical practice guideline for pain management [binder]. Columbia (MD): American Medical Directors Association (AMDA); 2004. various p.

BURDEN OF ILLNESS

Older people with pain may experience deconditioning, gait disturbances, falls, slow rehabilitation, multiple medication use, cognitive impairment, and malnutrition. One study found that in addition to depression, sleep disturbance, impaired mobility, and decreased socialization, chronic pain in elderly people led to increased health-care utilization costs. Pain is often associated with mood disturbance in the older patient.

EVIDENCE FOR BURDEN OF ILLNESS

American Medical Directors Association. We care: tool kit for implementation of the clinical practice guideline for pain management [binder]. Columbia (MD): American Medical Directors Association (AMDA); 2004. various p.

UTILIZATION

Unspecified

COSTS

See "Burden of Illness" field.

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Getting Better
Living with Illness

IOM DOMAIN

Effectiveness
Safety

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

All patients in the facility receiving pain medication

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions
All patients receiving pain medication

Exclusions
Unspecified

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Clinical Condition
Institutionalization
Therapeutic Intervention

DENOMINATOR TIME WINDOW

Time window is a single point in time

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions
Number of patients with adverse drug reactions (ADRs) related to pain medications

Exclusions
Unspecified

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Episode of care

DATA SOURCE

Medical record

LEVEL OF DETERMINATION OF QUALITY

Not Individual Case

OUTCOME TYPE

Adverse Outcome

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a lower score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Percentage of patients with adverse drug reactions (ADRs) to pain medications.

MEASURE COLLECTION

[Pain Management in the Long-term Care Setting Measures](#)

MEASURE SET NAME

[Clinical Outcome Measures](#)

DEVELOPER

American Medical Directors Association

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2004 Jan

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

American Medical Directors Association. We care: tool kit for implementation of the clinical practice guideline for pain management [binder]. Columbia (MD): American Medical Directors Association (AMDA); 2004. various p.

MEASURE AVAILABILITY

The individual measure, "Percentage of patients with adverse drug reactions (ADRs) to pain medications," is published in "We Care: Tool Kit for Implementation of the Clinical Practice Guideline for Pain Management." This tool kit can be ordered from the [American Medical Directors Association \(AMDA\) Web site](http://www.amda.com).

For more information, contact American Medical Directors Association (AMDA), 10480 Little Patuxent Parkway, Suite 76, Columbia, MD 21044; phone: (800) 876-2632 or (410) 740-9743; fax: (410) 740-4572; Web site: www.amda.com.

NQMC STATUS

This NQMC summary was completed by ECRI on May 17, 2005. The information was verified by the measure developer on June 16, 2005.

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Date Modified: 9/25/2006

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